

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

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PUBLIC RECORDS

DATE

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
Alison for Kentucky

ADDRESS (number and street) 340 Democrat Drive

Check if different than previously reported. (ACC) Frankfort KY 40601  
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00547083  
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)  
4. STATE DISTRICT KY For Candidates Only

5. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report  
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)  
Election on M M / D D / Y Y Y Y in the State of   
This report also covers the semi-annual period ☐ See Line 6(b)  
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Election on M M / D D / Y Y Y Y in the State of   
This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or ☒ January 1 - June 30  
04 01 2014 06 30 2014 ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
19084.83 53672.83

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Robert C. Stilz III  
Signature of Treasurer Robert C. Stilz III Date M M / D D / Y Y Y Y  
07 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
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